EASTERN REGIONAL TRAUMA ADVISORY COMMITTEE
DATE: September 18th, 2008 PLACE: Mansfield Health Education Center

PRESENT: PClifton, GBentzel, DMaier, JMahoney, SHageman, SKlepps(SVH); BVonBergen, VHert, GVandyke, AGoffena, LSmith, LHilliard, CLee (BC); CRussell(Roundup); ESchuchard(Glasgow); JNemec(Helena)

TELEPRESENT:WOleyMD(RedLodge), DScotten (CMMC); DAnderson, LFawcett (Plentywood); KRonneburg(Big Timber) VHodson(Colstrip); DMcFeters K Krum(Bozeman); PTurnbaugh, JHammond, NBrown,TStrand, (NEMHS); TBarker SPicketts(Livingston) LLeibrand, MNyhus, MFarrer, JJones, LMasters, LHinkley, LWolford, EHuda,KHansen, LMasterson (Scobey)

GUESTS: KMcComas (Billings Clinic CME Coordinator)

13 Facilities / 40 Participants. Thank You!

TOPIC	DISCUSSION	RECOMMENDATION	ACTION / FOLLOW-UP RESPONSIBLE PARTY
CALL TO ORDER	Meeting called to order by PClifton at 1400. Verbal roster taken. Reminders to FAX signed rosters and evals.	**None**	**none**
REVIEW OF MINUTES	Minutes were sent to members by email prior to meeting. Motion to approve accepted		**To State Website PClifton**
CASE REVIEWS **EDUCATION**	Case 1: Case presented highlighted the physiology and features of trauma patients with ongoing volume loss. Discussion was related to early hemorrhage control, early and staged crystalloind to blood/blood product volume resuscitation, assessment for transientness of response, avoidance of travel for diagnostics until stable , risk of travel to CT when results won't influence immediate care, and early call for transfer. Discussion also of endpoints of resuscitation. Education 1: Dr. Steven Klepps presented the initial diagnosis, management and management pitfalls of a variety of orthopedic injuries. Discussion was related to early vascular assessment, value of splinting , value of open fracture irrigation and basic wound coverings, timing of operative repair, regional limitations of subspecialists, pitfalls of mismanagement	*Early : transfer call, hemorrhage control by external or internal means (damage control), establishment of IV access ,y identification of markers for volume loss,y volume administration and assessment for transient response, use of blood products in more 1:1 ratios of red cells to clotting factors delay of CT until stabilized for travel. Minutes to include Shock and Transient responder tables.* *Ortho capacity at receiving facility should be assessed during transfer*	**Minutes and tables (PClifton)**

TOPIC	DISCUSSION	RECOMMENDATION	ACTION / FOLLOW-UP RESPONSIBLE PARTY
		call to avoid care delay. Irrigate and cover realign open fractures; splint to reduce pain. Identify limb threats. Phone consults re manual relocation or realignment are available.	
	Education 2: Regional data concerning lack of consistent use of any form of GCS for assessment of children, especially under the age of 5 , was presented followed by education on the developmental characteristics of preverbal children that result in the need to modify GCS testing	*Regional choice of a consistent pediatric GCS tool across region and with MT Pediatric Project. JNemec requests information on specific cases where an accepting neurosurgeon cannot be found for a brain injured child.* *Reassessment of scoring quantity in 12 months*	**Verify pediatric GCS recommended by MT Peds Project and mail samples to all ERTAC facility members and EMS crews. (PClifton)**
SUBCOMMITTEE REPORTS	Treasurer's Report: Current requests and approvals and ending balance of presented. Monetary support documents available from BVonbergen	*Consider educational grant request forms posted to EMS and Trauma Systems website*	**PClifton and BVonbergen to discuss with JNemec and**
	Education Subcommittee: Review of current educational offerings and meetings. Summary handout will be sent with minutes. BDLS application will be included with minutes. Discussion of challenges in staffing TEAM courses and value of TEAM to trauma center designation. Thank you to JMahoney for proactive TEAM course scheduling and delivery. RMRTS is being hosted by ERTAC in 2009. Planning is underway and all ERTAC participants are encouraged to assist.	*ERTAC members should actively participate in the development and delivery of the 9/09 RMRTS , hosted in 2009 by ERTAC, by contacting ESchuchard*	
	Orthopedic Trauma Conference 12/13 in Billings. CME and CEU available. Contact Sally Hageman at sally.hageman@svh-mt.org		
	Injury Prevention: No committee is formed	*As there was no feedback from the region via telemedicine, this subject should be discussed by the PI*	

TOPIC	DISCUSSION	RECOMMENDATION	ACTION / FOLLOW-UP RESPONSIBLE PARTY
	Performance Improvement: State and regional data show an overall deficit of 25-30% of EMS runsheets in the medical record. This includes transport from scene to first facility, ground EMS from transferring facility to tertiary care, and transport from scene to tertiary care. Facilities with many EMS trauma transports are as likely as those with few to fail to forward the runsheet indicating a basic lack of awareness of value. Discussion re the value of field care and initial assessment to later care decisions and importance of EMS documentation across continuum. Peformance Improvement Network (PIN) of MHA soon to begin retrospective data collection to establish baseline of compliance prior to initiating education and process improvements. PI may include electronic runsheets that can be entered and printed at the receiving facilities. Obstacles currently include: Personal lives and jobs delaying runsheet documentation, lack of awareness of value	*subcommittee after this meeting and an action plan developed to contact either the TRF or the EMS companies themselves and raise awareness about the importance of the runsheet on the record.*	**PClifton requested EMS mailing list from JNemec** **PClifton** **JNemec** **JHansen** **WOley**
	PI Education: PClifton presented two educational lectures for the development of trauma programs at ERTAC facilities: -How to conduct meetings and keep minutes -How to conduct case reviews for PI	*Case reviews should be done on all traumas at small TRF to get the most PI benefit out of the limited amount of trauma they care for and promote trauma team development. A well formatted agenda and meeting minutes help guide trauma program development and promote follow through on action items.*	
STATE REPORT	JNemec presented the State Trauma Registry distillation of Eastern Regional data, highlighting changes and trends in demographics (such as an increase in elderly trauma and falls) that should promote internal process change in trauma team responses and care.	*Informational*	
PUBLIC COMMENT	Dr. Maier ended the meeting with a discussion of the current capacity issues at both the Billings Level 2 Trauma Centers. Trauma resuscitation needs of locally transported and some transferred trauma patients should not be affected or delayed by the diversion status, particulary ICU diversion status of the Level 2 facilities. Both facilities should develop communication patterns (who talks to who) and language (what terms are used) for consistent communication across the Prehospital and pretransfer	*Informational . Transferring providers should contact PClifton or BVonbergen to discuss specific cases where transfer was difficult .*	

TOPIC	DISCUSSION	RECOMMENDATION	ACTION / FOLLOW-UP RESPONSIBLE PARTY
	trauma care continuum		
ADJOURNMENT **NEXT MEETING**	Meeting was adjourned by PClifton at 1700 December 11th, 2008 hosted by Billings Clinic / Brad Vonbergen Subcommittee focus groups (Injury Prevention 1000-1100, Performance Improvement 1100-1200, Education 1200-1330) will run back to back. Room assignments will be announced at a later date. These groups will have audioconference ability only. We will provide a call in number. If you want to call in and participate by phone, we must hear from you by November 13th. The general meeting will be from 1400-1700 and will be video(tele) conferenced. As this is a powerpoint presentation, and handouts are generally not available in advance, audioconferencing may not meet your needs but is available by prearrangement via EMTN or PHTN Reserve your Telemed site NOW for 12/11/08 1400-1700 by contacting your site coordinator. If you do not know who your site coordinator is, you can inquire at EMTN at Billings Clinic (406-657-4870) or PHTN at SVH (406-237-8659). **NOTE: It was noted that many telemedicine sites were vacated within about an hour of the start of this 3 hr meeting. In order to award CME and CEU with confidence and validity, we are considering running a second audio-roster at the end of the education portion of the meeting. That portion of the meeting may also be moved to a more central location on the agenda to allow more MD presenters. We welcome feedback on making the meeting of interest start to finish.**		
CONTACTS	SVH Trauma Coordinator: Penny Clifton 406-237-4292 BC Trauma Coordinator Brad VonBergen 406-435- 1581 SVH Trauma Med Dir. Dr. Dennis Maier 406-238-6470 BC Trauma Med. Dir. Dr. Robert Hurd 406-238-2500 Education Sub Com. Elaine Schuchard 406-228-4351 ERTAC Chair Dr. Billy Oley MD SVH OrthoTrauma Sally Hageman 406-237-4171	penny.clifton@svh-mt.org bvonbergen@billingsclinic.org rhurd@billingsclinic.org eschuchard@montanahealthnetwork.com woley@billingsclinic.org sally.hageman@svh-mt.org	**Website** **MontanaEMS.mt.gov**

TOPIC	DISCUSSION			RECOMMENDATION	ACTION / FOLLOW-UP RESPONSIBLE PARTY
	State Trauma Manager	Jennie Nemec	406-444-0752	jnemec@mt.gov	